## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

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Application or Docket Number

ESN-41

| CLAIMS AS FILED - PART I<br>(Column 1)   |  |   |                  |                               |                              | mn 2)            |        | SMALL ENTITY TYPE |                        |         | OTHER THAN OR SMALL ENTITY |                        |  |
|--|--|---|------------------|-------------------------------|------------------------------|------------------|--------|-------------------|------------------------|---------|----------------------------|------------------------|--|
| TOTAL CLAIMS   |  |   | 12               |                               |                              |                  | Ė      | RATE              | FEE                    | )<br>   | RATE                       | FEE                    |  |
| FOR  |  |   | NUMBER FILED     |                               | NUMB                         | ER EXTRA         | 8      | ASIC FEE          | 355.00                 | OR      | BASIC FEE                  | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | / ル minus 20=    |                               | · 16                         |                  |        | X\$ 9=            | ·                      | OR      | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS   |  |   |                  |                               | 6                            |                  |        | X40=              |                        | OR      | X80=                       |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                  |                               |                              |                  |        | +135=             |                        | OR      | +270=                      |                        |  |
| * If the difference in column 1 is less than zero, enter   |  |   |                  |                               |                              | olumn 2          | L      | TOTAL             | 355                    | OR      | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                  |                               |                              |                  |        | •                 |                        |         | OTHER                      | THAN                   |  |
|  |  | (Column 1)                                |                  | (Colu                         |                              | (Column 3)       |        | SMALL E           | ENTITY                 | OR      | SMALL E                    | NTITY                  |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | i,               | HIGH<br>NUM<br>PREVIO<br>PAID | BER                          | PRESENT<br>EXTRA |        | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | · / d                                     | Minus            | )                             | (0_                          | = /              |        | X\$ 9=            |                        | OR      | X\$18=                     |                        |  |
|  | Independent  | • 2                                       | Minus            | SNDEN                         | 3                            | -/               |        | X40=              |                        | OR      | X80=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=   |  |   |                  |                               |                              |                  |        |                   |                        |         | +270=                      |                        |  |
|  | •  |   |                  |                               |                              |                  |        |                   |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |  |
| ADDIT. FEE ADDIT. FI  (Column 1) (Column 2) (Column 3)   |  |   |                  |                               |                              |                  |        |                   |                        |         |                            |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |        | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus            | ••                            |                              | =                |        | X\$ 9=            |                        | OR      | X\$18=                     |                        |  |
|  | Independent  | •   | Minus            | ***                           |                              | -                |        | X40=              |                        | OR      | X80=                       | ·                      |  |
| L  | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DEP      | ENDEN                         | CLAIM                        |                  |        | +135=             |                        | OR      | +270=                      |                        |  |
| TOTAL ADDIT. FEE OR ADDIT. FEE   |  |   |                  |                               |                              |                  |        |                   |                        |         |                            |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                  |                               |                              |                  |        |                   |                        |         |                            |                        |  |
| AMENDMENT C  | •  | CLAIMS REMAINING AFTER AMENDMENT          |                  | NUN<br>PREVI                  | HEST<br>HBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |        | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus            | **                            |                              | 3                |        | X\$ 9=            |                        | OR      | X\$18=                     | ï                      |  |
|  | Independent  | •   | Minus            | ***                           | T 01 4114                    | =                |        | X40=              |                        | OR      | X80=                       |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= |   |                  |                               |                              |                  |        |                   |                        |         | +270=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                  |                               |                              |                  |        |                   |                        | OR      | TOTAL                      |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                  |                               |                              |                  |        |                   |                        |         |                            |                        |  |
| ,  | The "Highest Nun                                     | nber Previously Pa                        | id For (Total or | Independ                      | lent) is the                 | highest numbe    | r foun | d in the app      | ropriate box           | ( in co | iumn 1.                    |                        |  |